Nycomed Amersham

Nycomed Amersham Imaging

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September 28, 2000

Dockets Management Branch (HFA-305)
Food and Drug Administration
5630 Fishers Lane
Room 1061
Rockville, MD 20852

RE: DOCKET NO. 98D-0785

Dear Sir or Madame:

Thank you for the opportunity to comment on the revised draft guidance for industry entitled "Developing Medical Imaging Drugs and Biological Products". Nycomed Amersham would like to provide the following comments:

1. Page 9 - second paragraph - Further clarification on the literature information the FDA expects or is willing to accept must be stated.

2. Page 16 - top paragraph - Based on the pooling discussion of efficacy data, the FDA should define how this relates to the presentation and interpretation of study results and whether this raises the number of study populations or studies required.

3. Page 16 – Diagnostic or Therapeutic Patient Management – Studies to seek a therapeutic patient indication would involve both therapeutic and medical imaging agents. As many of the therapeutic agents that are studied are investigational, what is the current FDA thinking on clinical studies involving two investigational agents, i.e., one being a therapeutic agent and the other being an imaging agent?

4. Page 21 - second paragraph – FDA should define acceptable methods or provide examples of the use and presentation of pre and post test odds. With regards to pretest probability, FDA should also offer guidance on how this data will be presented, quantitated and used for labeling. Does then entire range of pretest probabilities need to be included in every pivotal study?

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5. Page 26 - first bullet point on technical characteristics - Much of this information relates to validation and serves no purpose in CRFs. This information should exist at the site only. If FDA continues to need this data, the Agency should define how it should be presented and analyzed.

6. Page 26 – Blinded Imaging Evaluations - Additional discussion of how this information will be used in labeling should be specified. That is, if a sponsor conducts an evaluation by sequential unblinding, will the Agency allow a complete discussion of the efficacy results or continue to only report those from the fully blinded evaluation?

7. Page 31 - Assessment of Interreader and Intrareader Variability - Further clarification on how intra- and inter-reader variability assessments should be given. Diagnostic confidence should also be considered in this section since improvement in reader confidence would impact decision paradigms.

8. Page 32 - last paragraph - FDA should provide an example of the proposed intention to image and intention to diagnose analyses.

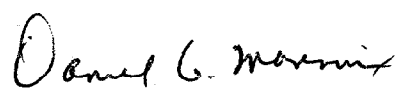
9. Page 36 - Truth Standards (Gold Standards) - The text should be revised to incorporate some latitude when the gold standard does not correlate one to one with the study drug.

10. Page 39 - third paragraph - The criteria offered seem too restrictive and raise the requirements for equivalence trials.

11. Page 52 – Clinical Use Criteria – To what extent would FDA require a full description of methods to monitor adverse events? If information to support safety was generated completely external of the sponsor (e.g., from published literature), such details may not be available.

If you have any questions concerning these comments, please contact me at 609-514-6494.

Sincerely yours,



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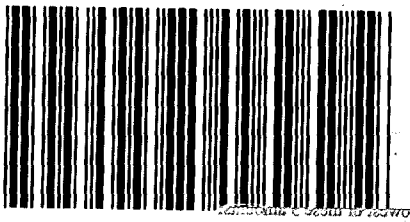

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